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## Application for Cosmetology Advisory Committee College/School Position

### APPLICANT'S INFORMATION

Last Name	First	Middle Initial	Email Address
Mailing Street Address	City	State	ZIP Code
			Contact Phone No. (       )
Position w/ school	Employer		

### APPLICANT'S INVOLVEMENT within the COSMETOLOGY FIELD

Explain in detail what your association is within the cosmetology field – licensed? memberships in associations? school information?

### INFORMATION of SCHOOL'S WILLINGNESS TO SUPPORT THE PILOT APPRENTICESHIP PROGRAM

Explain if and how your school is willing to support the program and if your school is willing to share the current curriculum with the joint apprenticeship and training committee (JATC)

### SIGNATURES SECTION

X	APPLICANT SIGNATURE	DATE
X	SUPPORT of AUTHORITY – SIGNATURE – If needed	POSITION
X	SUPPORT of AUTHORITY – PRINTED NAME	DATE

### DEPT of LICENSING CERTIFYING NO LICENSING VIOLATIONS

X	SIGNATURE	DATE
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